

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034103

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 41 Primary Registration District No. 3012 Registrar's No. 103

VS 300
Rev. 4/59

16001
28140

3

4 1

5 2

6

7 1

8 0

9293X

10

11

12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. FILED SEP 24 1962

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

Excelsior Springs

Length of stay in 1b

7 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Excelsior Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Iowa

b. COUNTY Jones

c. CITY

OR

TOWN

Olin

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

None

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Nellie

Maude

Cranford

4. DATE

OF

DEATH

Month

Day

Year

September 6, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-8-1880

9. AGE (last birthday)

82

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At home

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Olin, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Lewis E. Hayden

13b. MOTHER'S MAIDEN NAME

Emma Everhart

14. NAME OF HUSBAND OR WIFE

J. F. Cranford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

L. M. Hayden, Oxford Jct., Iowa.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac arrest

INTERVAL BETWEEN

ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

severe anemia

3 mos.

DUE TO (c)

cause unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 9, 1962, to Sept. 6, 1962, and last saw her him alive on Sept. 6, 1962

Death occurred at 5:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

M. D. Excelsior Springs, Mo.

22c. DATE SIGNED

9/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9-6-62

23c. NAME OF CEMETERY OR CREMATORY

Olin Cemetery

23d. LOCATION (City, town, or county)

Olin, Iowa

(State)

24. FUNERAL DIRECTOR'S ADDRESS

Prichard Funeral Home, Inc.

Excelsior Springs, Missouri

25. DATE RECD. BY LOCAL REG.

9/6/62

26. REGISTRAR'S SIGNATURE

Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit permit issued 9/10/62 - B.H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ralph Van Landingham

Licensed Embalmer No. 4009

Georgetown Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.